

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-048217

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

FILED JAN 2 1963

Primary Registration District No.

1003

Registrar's No.

12284

STATE FILE NUMBER

DO NOT WRITE
ON THIS SUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2103 Prather		d. STREET ADDRESS (If outside, give location) 2103 Prather	
3. NAME OF DECEASED (Type or print) First Middle Last BALLARD MADISON BUNCH		4. DATE OF DEATH Month Day Year December 19, 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH June 11, 1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Chief Guard		10b. KIND OF BUSINESS OR INDUSTRY Mallinkrodt Chem.	11. BIRTHPLACE (City and state or country) Knoxville, Kentucky
13a. FATHER'S NAME John H. Bunch		13b. MOTHER'S MAIDEN NAME Caroline Disney	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Mabel Bunch, 2103 Prather	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis DUE TO (c) 331X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertension		INTERVAL BETWEEN ONSET AND DEATH 3 days Known 2 1/2 yrs	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from June 23, 1960, to Dec. 17, 1962 and last saw him alive on Dec. 17, 1962		22c. DATE SIGNED 12/20/62	
22a. SIGNATURE Hester A. Wall M.D.		22b. ADDRESS 7346a Manchester	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23d. LOCATION (City, town, or county) St. Louis, Missouri	
23b. DATE Dec. 22, 1962		23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	
24. FUNERAL DIRECTOR Ambruster Mortuary, 6633 Clayton Rd.		25. DATE RECD. BY LOCAL REG. DEC 21 1962	
		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.	

USE BLACK INK

OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4788

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.